

10-540356

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)	
SERIAL NO.	FILING DATE

CLAIMS

AS FILED			AFTER 1 st AMENDMENT			AFTER 2 nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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